

PATENT

SEP 30 2004

<b>Request For Continued Examination (RCE) Transmittal</b> Address to: Commissioner for Patents Box RCE P.O. Box 1450, Alexandria, VA 22313-1450 Fax no.: (703) 872-9306	Application No. :	10/065,711
	Filing Date :	November 12, 2002
	First Named Inventor :	CHING-YU CHANG
	Group Art Unit :	1756
	Examiner :	BARRECA, NICOLE M.
	Attorney Docket No. :	JCLA9374-R

This is a **Request for Continued Examination (RCE)** under 37 C.F.R. 1.114 of the above-identified application.

**1. Submission required under 37 CFR § 1.114.**

**a. [ X ] Previously submitted**

(X) Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 26, 2004

() Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

**b. [ ] Enclosed**

() Preliminary Amendment.

() Other \_\_\_\_\_

**2. Miscellaneous**

a. () Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months.

b. () Associate Power of Attorney.

**3. Fees are calculated as follows:**

		CLAIMS AS FILED				
NUMBER FILED		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
Basic Fee				\$ 770	\$ 770	
Total Claims	19	MINUS 20	= 0 x	\$ 18	= \$ 0	
Independent Claims	2	MINUS 3	= 0 x	\$ 86	= \$ 0	
[ 2 ] month(s) extension of time is hereby requested.				Time Extension Fee	= \$ 420	
					<b>Total:</b>	<b>\$ 1190</b>

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01 FC:1801 770.00 DA  
02 FC:1252 420.00 DA

**PATENT**

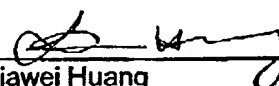
a. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed

b. ☒ The Commissioner is hereby authorized to charge the filing fee in the amount of \$ 1190 as calculated above and any additional fee required in connection with filing of this application, or credit any overpayments, to Deposit Account No. 50-0710 (Order No. JCLA9374-R).

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17).

Date: 9/30/2004

  
Jiawei Huang  
Registration No. 43,330

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**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on September 30, 2004.

Signature:   
Jiawei Huang

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2001

Application or Docket Number

*10065711*

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	<i>18</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>18</i> minus 20 =	* <i>0</i>
INDEPENDENT CLAIMS	<i>2</i> minus 3 =	* <i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT A</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <i>19</i>	Minus	** <i>20</i> =
Independent	* <i>2</i>	Minus	*** <i>3</i> =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT B</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
<b>AMENDMENT C</b>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	<i>740-</i>

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	

\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3

\*\*\* If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 2

TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
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